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CONFIRMATION NO. 6864

Bib Data Sheet

SERIAL NUMBER 08/948,328	FILING DATE 10/10/1997 RULE	CLASS 370	GROUP ART UNIT 2645	ATTORNEY DOCKET NO.
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APPLICANTS

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None Att

** CONTINUING DATA *****

None Att

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/12/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowed	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Alecia Meesain</i> <i>MA</i>	NJ	5	25	4
Examiner's Signature		Initials			

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TITLE

PERSONAL MESSAGE SERVICE WITH ENHANCED TEXT TO SPEECH SYNTHESIS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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